Receipts and Disbursements Report

U.S. Department of Labor



(Rev. 2/90)

Required of Persons, Including Labor Relations Office of Labor-Management Standards Form approved - OMB Consultants and Other Individuals and Organizations, Washington, D.C. 20210 No. 1215-0188 Under Section 203(b) of the Labor-Management (Feb. 1990) Expires 11-30-99 Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: CONRAD W. KREGER, ATTORNEY 3301 BIDDLE 3. FILE NO. 4. PERIOD Year WYANDOTTE, MI48192 Month Day C-COVERED 10 25 99 BY THIS From: 05 01 00 REPORT To: B.- STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT CARACO PHARMACEUTICAL LAS 1150 ELIZA MCCOX DRIVE DETPOIT, MI 48202 1-05-00 1.339.00 TOTAL C.- STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: -9. Office and Administrative (c) Expenses (d) Totals (b) Salary (a) Name Expenses \$ -0-10. Publicity 0-11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) Total Disbusements to officers and employees: D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15. EMPLOYER 17. AMOUNT 18. PURPOSE 16. TO WHOM PAID ZUUU USDOL/ESA OLMS/DOE/SRD TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E. VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him an is, to the best of his knowledge and belief, true, correct, and complete. , TREASURER PRESIDENT SIGNED: on: 01.11at: WYANDONE 00 (If other title, cross out (If other title, cross out and write in correct title above.) and write in correct title above.) City Date City Dàte LM-21

C-541

ATTACHMENT TO FORM LM-21 CONRAD W. KREGER, ATTORNEY JANUARY 11, 2000

NO FORM LM 20 FILED BECAUSE THERE WAS NO AGREEMENT BETWEEN FILER AND EMPLOYER. SERVICES WERE PROVIDED INDIRECTLY.

